



**KENTUCKY REGISTERED SANITARIAN
EXAMINING COMMITTEE
275 EAST MAIN STREET, HS1E-B
FRANKFORT, KY 40621**

REGISTERED SANITARIAN HONORARIUM REQUEST FORM

MEETING TITLE:

MEETING DATE:

AGENCY-ASSOCIATION SPONSORING MEETING:

SPEAKER:

Name:

Title:

Presentation Title:

Length of Presentation:

SPEAKER COST:

Airfare: \$ _____
Mileage: \$ _____
Hotel Lodging: \$ _____
Meals: \$ _____
Other (specify): \$ _____

TOTAL REQUESTED HONORARIUM: \$ _____

EXPLANATION: Cover Letter Attached: Y _____ N _____

Submitter: Name: _____ Employer: _____

Telephone: _____ Email: _____